

SERIAL NUMBER <div style="text-align: center;">09/422,792</div>	FILING DATE <div style="text-align: center;">10/22/99</div>	CLASS <div style="text-align: center;">348</div>	GROUP ART UNIT <div style="text-align: center;"> 2712 2615 2622 </div>	ATTORNEY DOCKET NO. <div style="text-align: center;">35.02482</div>						
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">APPLICANT</div> <div> CHIORI MOCHIZUKI, SAGAMIHARA-SHI, JAPAN. </div> </div>										
<div> **CONTINUING DOMESTIC DATA***** VERIFIED <u>u/</u> </div>										
<div> **371 (NAT'L STAGE) DATA***** VERIFIED <u>u/</u> </div>										
<div> **FOREIGN APPLICATIONS***** VERIFIED JAPAN 307033/1998 10/28/98 <u>u/</u> </div>										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/18/99										
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"> Foreign Priority claimed 35 USC 119 (a-d) conditions met </td> <td style="width: 20%;"> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance </td> <td style="width: 10%;"> STATE OR COUNTRY JPX </td> <td style="width: 10%;"> SHEETS DRAWING 14 </td> <td style="width: 10%;"> TOTAL CLAIMS 51 </td> <td style="width: 10%;"> INDEPENDENT CLAIMS 7 </td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JPX	SHEETS DRAWING 14	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 7
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Verified and Acknowledged <u>u/</u> <u>u/</u> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div>										
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">ADDRESS</div> <div>SEE CUSTOMER NUMBER: 005514</div> </div>										
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">TITLE</div> <div> IMAGE PICK-UP APPARATUS AND IMAGE PICK-UP SYSTEM, AND METHOD FOR MANUFACTURING IMAGE PICK-UP APPARATUS </div> </div>										
<table border="0" style="width: 100%;"> <tr> <td style="width: 20%; vertical-align: top;"> FILING FEE RECEIVED <div style="text-align: center;">\$1,760</div> </td> <td style="width: 40%; vertical-align: top;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: </td> <td style="width: 40%; vertical-align: top;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </td> </tr> </table>					FILING FEE RECEIVED <div style="text-align: center;">\$1,760</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			
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